

**MANAGEMENT OF EARLY PREGNANCY FAILURE
ASSIGNED TREATMENT NOT DONE**

Site			Patient No.			Letter Code			Visit	
									0	1

A. TREATMENT NOT DONE

1. Date of Visit: _____ - _____ - 2 0 0 _____ FM04DT
Month Day Year
2. Which Assigned Treatment Was Not Done?
- | | | |
|-------------|------|---------|
| Misoprostol | (1) | ASSTRND |
| D & C | (2) | |
3. Main Reason the Treatment Was Not Done
- | | | |
|---|------|---------|
| Decision made by research staff | (1) | COMPLRS |
| Decision made by patient's personal physician | (2) | |
| Decision made by other health care providers | (3) | |
| Per patient's request | (4) | |
| Other | (5) | |
- If Other, Specify _____ COMPL_SP
4. Action Taken
- | | | |
|----------------------|------|--------|
| Misoprostol given | (1) | ACTION |
| D&C Performed | (2) | |
| Expectant Management | (3) | |
5. Does patient agree to continue follow-up? (1) (2) CONTFU
Yes No

B. ADMINISTRATIVE MATTERS

1. Comments: _____ GEN_CMNT
2. Person completing form: _____ CERT_SIG Staff Number _____ CERT_NO
3. Date form completed: COMPL_DT _____ - _____ - 2 0 0 _____
Month Day Year